



**Carriage House
Children's Center
Application for Admission**

I. Child's Information:

Child's Name: Last _____ First: _____

Sex: _____ Birth date (or due date): _____ Home Phone: _____

Address: _____ Zip: _____

Names and birth dates of siblings: _____

Is there any reason your child would require special attention or could not participate in normal activities? _____
If so please explain: _____

Please list any special medical or dietary information (allergies, medications, special conditions, etc.): _____

Please list your child's previous child care or preschool experience, if any: _____

Carriage House Children's Center requires enrolled children to be immunized as specified in the *Recommended Childhood Immunization Schedule* developed by the American Academy of Pediatrics.

Please initial acknowledging your awareness of this policy and confirming your child's immunizations are or will be current: _____

II. Parent's Information

Parent/Guardian's Name: _____ Occupation: _____

Home Address: _____ Zip: _____ Phone: _____

Employer: _____ Phone: _____

Parent/Guardian's Name: _____ Occupation: _____

Home Address: _____ Zip: _____ Phone: _____

Employer: _____ Phone: _____

E-mail Address 1 _____ E-mail Address 2 _____

III. Enrollment Information:

Please indicate the Carriage House Children's Center program desired for your child:

- _____ Infants, Toddlers, and Two-Year-Olds (full day)
- _____ Two A.M. Twos (Tuesday and Thursday, 9:00-12:00 or 9:00-1:00)
- _____ Three A.M. Threes (Monday, Wednesday, and Friday, 9:00-12:00 or 9:00-1:00)
- _____ Three – and Four – Year – Olds (minimum of 5 half days or 3 full days)
- _____ Kindergarten (5 days)

Preferred date of enrollment: Month: _____ Year: _____

Please indicate the hours and days you desire for your child (Carriage House Children's Center hours are 7:30 a.m. to 6:00p.m. However, it is important that a child spend no more than 9 hours a day in the Center):

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

Please return this completed application, along with a \$35.00 non-refundable application fee, to:

Carriage House Children's Center, 5604 Solway Street, Pittsburgh, PA 15217-1272

Phone: (412) 421-0300 Fax: (412) 421-3127 Email: chcc@carriage house.org

Parent/Guardian Signature: _____ **Date:** _____